

Partners HealthCare System, Inc. Comments on the Draft Data Submission Manual for the Registration of Provider Organizations

While Partners HealthCare System recognizes and appreciates the steps that HPC has already taken to lessen the administrative burden associated with the reporting requirements of the Registration of Provider Organizations (RPO) program, Partners remains concerned about certain aspects of the latest draft Data Submission Manual (DSM). A general concern of Partners is that the DSM continues to have duplicative reporting requirements that are an administrative burden for RPOs. The draft DSM requires RPOs to report on information that can be obtained from other state agencies or even from other places within the RPO filing itself (i.e., the same information is requested multiple times in the filing). Our specific comments regarding the DSM are as follows:

1. The DSM does not use defined terms consistently throughout the document (e.g., Contracting Entity is a defined term, but the term is rarely capitalized in the DSM). To avoid confusion, defined terms should be used consistently throughout the document.
2. Does the definition of Contracting Entity include a PHO or IPA that facilitates contracts for its participating physicians through the messenger model but does not negotiate payer contract terms or enter into/execute any payer contracts itself? We propose that the definition of Contracting Entity be revised to explicitly exclude such organizations.
3. RPO-54 in the Corporate Affiliations File requires the RPO to select an option describing each Corporate Affiliate's organization type. We suggest that an option be added for organizations that have no current activities.
4. RPO-57 and the checkbox in RPO-56 request information that is also reported on the Corporate Organizational Chart. We propose that RPO-57 and the checkbox in RPO-56 be deleted.
5. RPO-58 through RPO-61 requires the RPO to report on organizations that are neither Corporate Affiliates nor Contracting Affiliates of the RPO. Gathering and reporting this information poses an unnecessary administrative burden on RPOs. We propose that these elements be deleted.
6. RPO-65 in the Contracting Affiliations File requires the RPO to select an option describing each Contracting Affiliate's organization type. We suggest that an option be added for organizations that are Contracting Organizations or Managed Services Organizations. This option was given in RPO-55 for Corporate Affiliates, but is also potentially applicable for Contracting Affiliates (e.g., if an RPO has a Contracting Affiliate that is a PHO or IPA).
7. RPO-66 in the Contracting Affiliations File requires the RPO to identify each "contracting entity" that establishes contracts on behalf of the contracting affiliate. The RPO should not be required to report on all contracting entities that establish contracts on behalf of their Contracting Affiliates as the RPO is not in a position to know which other (unaffiliated) contracting entities may establish contracts on behalf of their Contracting Affiliates. If HPC is intending to limit this request to contracting entities that are Corporate Affiliates of the RPO, HPC should make that limitation clear through the use of defined terms or through instructions.
8. For purposes of clarity, we propose that HPC add and use a defined term for Contracting Entities that are Corporate Affiliates of the RPO (e.g., Contracting Corporate Affiliate).

9. The Physician Roster File requires the RPO to submit a separate physician roster for each of the RPO's contracting entities. This is unduly burdensome and will result in the same information being reported multiple times by the same RPO. For instance, a physician may participate in contracts established by their physician organization as well as by one or more Contracting Organizations that are Corporate Affiliates of the RPO.

10. RPO-122 through RPO-124 in the Physician Roster File requires reporting on the name, EIN and NPI of a physician's "medical group." What does HPC intend by this element? How is this different from the reporting in RPO-104 through RPO-106 and in RPO-113 through RPO-115 where the RPO is required to report on the name, EIN and NPIs of the physician's primary and secondary sites of care? Reporting the same information multiple times is unduly burdensome for RPOs.

11. RPO-130 in the Physician Roster File requires reporting on each organizational NPI associated with a physician's Local Practice Group. Local Practice Groups that are defined by a PHO or an IPA will have many physicians (and their associated organizational NPIs) associated with the Local Practice Group. Requiring the RPO to report each organizational NPI associated with a physician's Local Practice Group in each physician's file is duplicative and administratively burdensome.

12. Partners remains concerned that the Clinical Affiliations File will require RPOs to gather and report information on "clinical affiliations" that are not material and are not relevant to HPC's objectives. HPC should explicitly exclude routine coverage arrangements and physician office space leasing/sharing from the reporting requirement.

13. RPO-134 requires RPOs to report the date range that best describes when each Clinical Affiliation began. We propose that HPC delete this requirement as we don't see the additional value to HPC of understanding the date a Clinical Affiliation began.

Thank you for the opportunity to provide input on the draft Data Submission Manual.

Respectfully submitted,
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